

GENERAL FACT SHEET

BILL NUMBER 10R-118

BRIEF TITLE	APPROVAL DEADLINE	REASON
Annual Requirements for Blood Chemistry Profile, Quote 2969		Contract is for two (2) years, with the option to renew for one (1) additional two (2) year term.

DETAILS

POSITIONS/RECOMMENDATIONS

<p>Annual Requirements for Blood Chemistry Profile, Quote 2969.</p> <p>Anticipated number of draws are 250-400 in June and 250-400 in December with an estimated 52% Females and 48% Males. The cost per draw for females is \$21.95 and \$26.50 for males.</p> <p>Contract is for two (2) years, with the option to renew for one (1) additional two (2) year term.</p>	Sponsor	Finance/Purchasing
	Program Departments, or Groups Affected	All Departments
	Applicants/Proponents	Applicant: Finance/Purchasing City Department: Other
<p>Discussion (Including Relationship to other Council Actions)</p>	Opponents	Groups or Individuals Basis of Opposition
	Staff Recommend.	<input type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommend.	BY <input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass

DETAILS

POLICY/PROGRAM IMPACT

	POLICY OR PROGRAM CHANGE	<input type="checkbox"/> NO <input type="checkbox"/> YES _____ _____ _____	
	OPERATIONAL IMPACT ASSESSMENT	_____ _____ _____	
	FINANCES		
	COST AND REVENUE PROJECTIONS	COST of total project:	\$ _____
		COST of this Ordinance/ Resolution	\$ _____
		RELATED annual operating Costs	\$ _____
		INCREASE REVENUE EXPECTED/YEAR	\$ _____
SOURCE OF FUNDS	CITY [Approximately]		
	_____ \$ _____ %		
	- _____ \$ _____ %		
	- _____ \$ _____ %		
	- _____ \$ _____ %		
	NON CITY [Approximately]		
	_____ \$ _____ %		
	- _____ \$ _____ %		
BENEFIT COST			
<input type="checkbox"/> Front Foot Assessment			
<input type="checkbox"/> Square Foot			

APPLICABLE DATES:

FACT SHEET PREPARED BY:

REVIEW BY:

REFERENCE NUMBER